



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
**BOARD OF REGISTRATION OF PERFUSIONISTS**  
250 WASHINGTON STREET  
BOSTON, MA 02108  
800-414-0168  
617-973-0800  
[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

**PERFUSIONIST LICENSE APPLICATION  
INSTRUCTIONS AND CHECKLIST**

**CAREFULLY READ THE FOLLOWING INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION.**

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will remain active for one (1) year from date of receipt.

Complete Applications must include the following documents:

- ☐ Completed application form with a 2x2 color passport photo and a notary signature.
- ☐ Official transcripts in signed, sealed envelopes for all perfusionist programs/degrees. When requesting official transcripts, please inform each school's registrar that the **transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.** Transcripts must be sent directly to the Board by the institutions.
- ☐ American Board of Cardiovascular Perfusion (ABCP) documentation of certification is required. The documentation must be sent directly to the Board by the ABCP; email verifications are not acceptable. You must have:
  - a. Attained a passing score on the perfusionist certification examination administered by the ABCP not more than two (2) years prior to the date of your application; and,
  - b. A certificate as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion which is current and valid as of the date of application to the Board for licensure.
- ☐ Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license. Verifications must be sent directly to the Board by the state or other jurisdictions.
- ☐ If you hold, or have ever held, any professional license, you must request and submit a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query. To request a Self-Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or at [www.npdb-hipdb.com](http://www.npdb-hipdb.com). Include the original report with this application; make a copy for your records.

**NOTE A:** If you do **NOT** hold and have never held any professional licenses in any other state or jurisdiction, you do not need to submit a National Practitioner Data Bank self-query.

- ☐ Check or money order payable to the Commonwealth of Massachusetts for \$225.00. Cash or foreign currency is not accepted. The fee is non-refundable and non-transferable.
- ☐ Submission of the Criminal Offender Record Information Request Form (CORI.)
- ☐ Application must be submitted on single-sided paper.
- ☐ Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if requirements for a perfusionist license are not met within one (1) year from the date of Board receipt of this application.
- ☐ Retain a copy of the completed application and documentation for your records. Employers may require that you provide them with a copy.

#### **IMPORTANT INFORMATION:**

A perfusionist applicant/licensee must notify the Board in writing of any changes in the applicant's/licensee's information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

***Failure to update your address may result in failure to receive a license renewal application and expiration of your license.***

The address printed on your license is a PUBLIC RECORD that is available to anyone who requests it. If you are using your home address, you may wish to consider changing this to an office address. Address changes may be done online at the board's website [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards) or you may obtain a form online to submit to the Board's office. Retain a copy of the completed application for licensure for your records. Employers may require that you provide them with a copy.

Answers to many questions may be found on the Board's website. Statutes and regulations governing perfusionist licensure and practice may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168.



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**ALL QUESTIONS MUST BE COMPLETED**  
**PERFUSIONIST LICENSE APPLICATION FEE - \$225.00**

1. APPLICANT NAME : \_\_\_\_\_  
LAST FIRST MIDDLE  
A. MAIDEN NAME/OTHER NAME (IF APPLICABLE):

\_\_\_\_\_  
LAST FIRST MIDDLE

2. PROVISIONAL LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_

3. ADDRESS OF RECORD: \_\_\_\_\_  
No. STREET APT. #

\_\_\_\_\_  
CITY/TOWN STATE ZIP CODE

4. MOST RECENT PREVIOUS ADDRESS: \_\_\_\_\_  
(different to Address of Record) No. STREET APT.#

\_\_\_\_\_  
CITY/TOWN STATE ZIP CODE

5. TELEPHONE NUMBER(S) Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

6. \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Birth** (mm/dd/yyyy) **Place of Birth** (city/state/country)

**HEIGHT:** \_\_\_\_ Feet \_\_\_\_ Inches **WEIGHT:** \_\_\_\_ Lbs. **EYE COLOR:** \_\_\_\_\_

**Sex:** M F (Circle One) **MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**Email:** \_\_\_\_\_

7. **SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pursuant to G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

**FOR BOARD USE ONLY**

Application Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

License Number PL \_\_\_\_\_ Provisional License Number: PP \_\_\_\_\_

## EDUCATION

8. ABCP CERTIFICATE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
(mm/dd/yyyy)

*Arrange for official documentation of certification to be sent directly to the Board by ABCP.*

9. PERFUSION PROGRAM NAME/LOCATION: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

*Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.*

## VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS

10. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD ANY PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

<u>Issuing State/Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board.*

## QUESTIONS

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.**

**An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.**

11. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

12. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes ☐ No ☐

13. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

14. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

15. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes ☐ No ☐

16. Have you ever been court martialled or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes ☐ No ☐

## RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Perfusionists any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Perfusionists to release information contained in this application in association with its processing.

## AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a perfusionist, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed perfusionist in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a perfusionist shall be deemed no longer valid if requirements for licensure as a perfusionist are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration of Perfusionist to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Attach a recent  
passport  
photo  
(2x2)**

NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal]

**INCLUDE A NONREFUNDABLE FEE OF \$225.00 (CHECK OR MONEY ORDER ) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS**